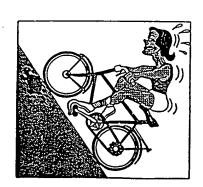
| Staple to FACE of file  |                      |   |             |
|---|----------------------|---|-------------|
| er 370  | 0 — Within           | Center Transfer Requ  | ıest        |
| Date 17 17 10 Application No.                                     | •                    | Accepted byClass/Subclass                                     | Date        |
| Requested by SHAVER Application appears proper for Class/Subclass | 604                  | •   |             |
| Reasons: Medical delivery   | oly ic               | Reasons: No claims do   | •           |
| •   |                      |   | ·           |
| Accepted by Date Class/Subclass                                   | PALM t               | 604/294+Date_1/12/01<br>then Forward to 3761                  | A           |
| Refused by Date PALM then Forward to                              | To a mel             | Controlling claims<br>tood of using The<br>aterial into an ex | device to   |
| Reasons:  | Class 2              | could be class. The   | disclosur   |
|   | is generi<br>medical | c, but the only ex  | spc, TC3700 |

## **EXPEDITE - CYCLETIME**

## PLEASE PALM THIS APPLICATION



Form#TC3700-WCTR (4/98)

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